DECLARATION FOR "371" APPLICATION

COMBINED DECLAR APPLICATION WITH () Declaration submitted with initial ()Declaration submitted after initial	POWER C	OF ATTORNEY	DESIGN PATE	PG3693 First Name Michael Bi	s Inventor: rsha DAVIES le if known: :
As below named	inventor. I here	by declare that:			
My residence, post office	address and citiz	enship are as stated belo	ow next to my name.		
I believe I am the origina	l. first and sole in	ventor (if only one nam	e is listed below) or an original, nimed and for which a patent is	, first and j sought on	oint inventor the invention
		MEDICAMENT C	ARRIER		
the specification of which	(check only one	item below):			
Application Number PC applicable) I hereby state that I have as amended by any amen I acknowledge the duty to I hereby claim foreign pror inventor's certificate of the United States of Ame	reviewed and under the specifical disclose informationity benefits untraction of any Perica, listed belowertificate or of any	derstand the contents of y referred to above. ation which is material to der 35, U.S.C. §119 (a)- CT international application and have also identified	al No or PCT on (MM/DD/YYYY) or PCT on (MM/DD/YYYY) on the above-identified specification to patentability as defined in 37 at on \$365(b) of any foreign apation which designated at least of delow, by checking the box, and dication having a filing date before	on, includi CFR §1.50 oplications one country	_(if ng the claims, 6. (s) for patent y other than application
				<u>, </u>	
PRIOR FOREIGN AND ANY I Prior Foreign Application Number (s)		IMS UNDER 35 U.S.C Country	Foreign Filing Date (MM/DD/YYYY))		PRIORITY CLAIMED
1. 9909354.4		GB	24 April 1999		X
2.					
3. I hereby claim the benefit under 7	Fitle 35 United S	tates Code 8110(e) of ar	y United States provisional app	lication(s)	listed below:
Application No.	nie 33, Onica 3	Filing Date	(MM/DD/YYYY)	Priori	ty Claimed
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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET NUMBER **PG3693USW**

Continued

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international

filing date of this	application:				
PRIOR U.S. PAREN	T APPLICATION	N or PCT PARENT APPLICA	TION		
			STATUS (Check one)		
U.S. Parent Application Number		Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
POWER OF ATTORNEY U.S. Patent and Trademark (: As a named inventor, I Office connected therewit	I hereby appoint the following attorney(s) th. (List name and registration number)			
David J. Levy Charles E. Dadswell Karen L. Prus Robert H. Brink Lorie Ann Morgan	Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,181	James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers		Sonnie L. Deppenbrock Fohn L. Lemanowicz Re	
Glaxo Wellcomo Five Moore Dri	Patent Counsel tual Property Departme	134411111111111111111111111111111111111	347	· · · · · ·	alls to: es P. Riek 483-8022
I hereby decl information a false stateme	lare that all statemer and belief are believents and the like so	ents made herein of my own kno wed to be true; and further that t made are punishable by fine or	hese statements were imprisonment, or bo	e made with the know th, under 18 U.S.C.	owledge that willful 1001, and that

such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	170	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	DAVIES	Michael	Birsha
ハーショ	INVENTOR'S	Signature		Date 9th Nov 2001
1700 1	SIGNATURE	m	1	
` o	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Ware	GB GBK	GB
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1 1	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	GODEREY	.James	William
n n	INVENTOR'S	Signature		12 NOV 2001
$ \mathcal{P}_{\mathcal{U}} $	SIGNATURE	1 Com		
0	RESIDENCE &	CITY ()	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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		Five Moore Drive, PO Box 13398	3	
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HAGLUND	Sylvia	Maria
	INVENTOR'S	Signature		Date
	SIGNATURE			
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	CITIZENSHIP	Oxford	GB	GB
	POST OFFICE	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
3	ADDRESS	19 Northampton Road	Oxford	Oxfordshire OX1 4TG, GB
	L	<u></u>		<u> </u>

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COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT					NEY'S DOCKET
APPLICATION WITH POWER OF ATTORNEY				nes Inventor:	
		•	•		Birsha DAVIES
				C	4.101
				App No	ete if known:
() Declaration submitted with initial	l filing or			Appino	,
()Declaration submitted after initial	filing (surcharge re	auired 37CFR1.16(e))			
` '				Filing I	Date
					A . TT
				Group	Art Unit:
As below named	d inventor. I here	by declare that:		<u> </u>	
My residence, post office	e address and citiz	zenship are as stated belo	ow next to my name.		
			e is listed below) or an original, aimed and for which a patent is s		
		MEDICAMENT C	ARRIER		
		MEDICAMENT	7 HALL		
the specification of which	h (check only one	e item below):			
[]is attached hereto. OR					
[x] was filed on 19 Ap	oril 2000 as United	d States application Seri	al No or PCT l	Internation	nal
Application Number PC applicable)	CT/EP00/03515 f	iled_and was amended o	n (MM/DD/YYYY)		_(if
I hereby state that I have as amended by any amen			the above-identified specification	n, includii	ng the claims,
I acknowledge the duty to	o disclose inform	ation which is material t	o patentability as defined in 37 (CFR §1.56	j.
or inventor's certificate o United States of America patent or inventor's certif which priority is claimed	or 365(a) of any Po a, listed below and ficate or of any Po l:	CT international applical have also identified be CT international applicat	(d) or §365(b) of any foreign aption which designated at least on low, by checking the box, any fotion having a filing date before the	ne country oreign app	other than the lication for
PRIOR FOREIGN AND ANY I					
Prior Foreign Application Number (s)	ſ	Country	Foreign Filing Date (MM/DD/YYYY))	į	PRIORITY CLAIMED
1. 9909354.4	 	GB	24 April 1999		X
2.			Piii 2222		
3.					
I hereby claim the benefit under T	Title 35, United St	ates Code §119(e) of an	y United States provisional appl	ication(s)	listed below:
Application No.	Application No. Filing Date (MM/DD/YYYY) Priority Claimed				
1.					
2.					
3.					
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DECLARATION FOR "371" APPLICATION

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

ATTORNEY'S DOCKET NUMBER PG3693USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION O	or PCT PARENT APPLICAT	ION		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	STATUS (Check PENDING	one) ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy
Charles E. Dadswell
Karen L. Prus
Robert H. Brink

Reg. No. 27,655 Reg. No. 35,851 Reg. No. 39,337 Reg. No. 36,094 Reg. No. 38,181 James P. Riek Virginia C. Bennett Frank P.Grassler Christopher P. Rogers

Reg. No. 39,009 Reg. No. 37,092 Reg. No. 31,164 Reg. No. 36,334 Bonnie L. Deppenbrock Reg. No. 28,209 John L. Lemanowicz Reg. No. 37,380

Send Correspondence to:

Lorie Ann Morgan

David J. Levy, Patent Counsel Global Intellectual Property Department Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709



2334 / PATENT TRADEMARK OFFICE Direct Telephone Calls to:

James P. Riek 919-483-8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	
2	OF INVENTOR	DAVIES		SECOND GIVEN NAME/INITIAL
i -	INVENTOR'S	Signature	Michael	Birsha
1 :		olghature		Date
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1	CITIZENSHIP	Ware	GB	GB
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<i>i</i> 1		Five Moore Drive, PO Box 1339	o later the triangle raik	NC 27709, US
-	FILE STATE			
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME INITIAL
2	OF INVENTOR	GODFREY	James	William
	INVENTOR'S	Signature		Date
1 !	SIGNATURE	i		
0	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
1 1	CITIZENSHIP	Ware	GB	GB
1 1	POST OFFICE	POST OFFICE ADDRESS	CITY	
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1 -	11001000	·-·	Research Triangle Park	NC 27709, US
<u> </u>		Five Moore Drive, PO Box 1339	8]	1
1	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
2	OF INVENTOR	HAGLUND	-Sylvia	Maria
1110	INVENTOR'S	Signature	- / /	Date
	SIGNATURE	x onle Haden	real	x 7 Dec'01
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l '	CITIZENSHIP	Oxford	STATE OR FOREIGN COUNTRY GB	
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1 "	ADDINESS	12 Normanipon Road	Oxford	Oxfordshire OX1 4TG, GB
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	ENT APPLI	CLARATION FOR UT CATION WITH POWE		ATTORNEY'S DOCKET NUMBER PG3693USW
	FULL NAME	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
ρ	OF INVENTOR	RAND	Paul /	Kenneth
1/20	INVENTOR'S	Signature	Ha la	Date /
POM	SIGNATURE	land Ken	reth lati	12/11/01
Vo	RESIDENCE &	CTTY	STATE OB FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP	Ware	GB (OB)	GB
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4	ADDRESS	GlaxoSmithKline	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box	_	
		13309		

DECLARATION FOR "371" APPLICATION

		CLARA' N FOR U CATION WITH POW		PG3693USW Continued
2	FULL NAME OF INVENTOR	FAMILY NAME RAND	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Kenneth
	INVENTOR'S SIGNATURE	Signature		Date
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4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Means Drive PO Por	Research Triangle Park	NC 27709, US
		Five Moore Drive, PO Box 13398		